



PO Box 369
Spring City, TN 37381
423.365.6441 phone
423.365.6002 fax

PEDDLER SOLICITOR PERMIT

Permit # _____ Expiration Date: _____

Name of Business: _____

Address: _____

Description of Business: _____

Name and Address of those selling Products: _____

Description of Motor Vehicles used in Business:

Make: _____ Model: _____ Year: _____

Tag# _____ State: _____ Owner: _____

Tennessee Sales Tax number: _____

I hereby acknowledge that the information contained in this application is true and accurate and the permit will be used for the purpose stated.

Signed: _____ Date: _____

Telephone Number: _____

PEDDLER PERMIT FEE: \$20.00